

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

GARY WILLIAMS,

Defendant.

CASE No. 00-6293-CR-FERGUSON
MAGISTRATE JUDGE SNOW

01 FEB 14 PM 1:35
CLERK OF COURT

MOTION FOR ORDER APPROVING CJA-21

COMES NOW the Defendant, GARY WILLIAMS, by and through his undersigned counsel and files this his Motion requesting the entry of the Court Order (Line 15 of said CJA-21) approving the CJA-21 request (Authorization And Voucher For Expert And Other Services; Voucher Number FLS001405) for the expenditure of up to ONE THOUSAND DOLLARS (\$1,000.00) of investigative funds at a rate of \$50.00 per hour for the services of a private investigator to assist counsel and states as follows:

1. That the requisite CJA-21 was hand delivered to the Court's chambers approximately two (2) weeks ago and has yet to be acted upon. A photocopy of said form is attached hereto.
2. Counsel for the Defendant needs the services of an investigator to follow-up on the documentation to perfect a discrimination claim being prepared with the assistance of the Federal Public Defender's Officer in this multi-Defendant case.
3. That many of the documents sought to be reviewed have to be hand

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checked and the services of the investigators of the Federal Public Defender's Office have been overwhelmed due to the extent of the task before them.

4. The investigator in this cause would be utilized to obtain and review records from the various Clerk's Offices in the state system throughout the Southern District Of Florida and provide a compilation of information to support the Defendant's theory and motion.

5. At the Calendar Call, the Court granted the defense a last continuance so that a further review and analysis could be provided to support the legal issues being presented.

6. The continuance will be meaningless unless the investigative support is authorized and provided.

WHEREFORE, the Defendant respectfully requests this Honorable Court enter the Court Order (Line 15 of the CJA-21 form) approving the CJA request for investigative funds up to \$1,000.00 at the rate of \$50.00 per hour upon the grounds set forth herein.

Respectfully submitted,


ENTIN, MARGULES & DELLA FERA, P.A.
Attorney for Defendant Gary Williams
200 East Broward Blvd., Suite 1210
Fort Lauderdale, Florida 33301
Telephone (954) 761-7201

By: 

Richard F. Della Fera, Esq.
Florida Bar No. 066710

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished, by mail, this 13th day of February, 2001 to: Bruce O. Brown, Assistant U.S. Attorney, 500 East Broward Boulevard, Suite 700, Fort Lauderdale, FL 33394; Timothy Day, Federal Public Defender's Office, Attorneys for Marion McLeod, 101 NE 3rd Avenue, Suite 202, Fort Lauderdale, FL 33301-1145; David J. Joffe, Attorney for James Alce, 2900 Bridgeport Avenue, Suite 401, Coconut Grove, FL 33133; Howard Greitzer, Attorney for Clemente Alexis, 600 NE Third Avenue Fort Lauderdale, FL 33304.

A handwritten signature in black ink, appearing to read "Richard J. Joffe", is written over a horizontal line.

1. CIR. DIST./DIV. CODE FLS		2. PERSON REPRESENTED Williams, Gary		VOUCHER NUMBER FLS 001407	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 0 00-006293.006		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) United States v. Brown, etal (WDF)		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
				10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
1) 21 846-CD F - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE					
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation \$ <u>1,600.00</u> OR <input type="checkbox"/> Authorization of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300) <u>Richard F. Della Torre</u> Signature of Attorney 1/30/01 Date <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix and mailing address): <u>Richard F. Della Torre</u> <u>220 E. BROWARD BLVD.</u> <u>PORT LAUDERDALE, FL 33301</u> Telephone Number: <u>954-761-7201</u>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions) <u>Collection of Statistical Data</u> <u>from State Court Clerks Office</u>				14. TYPE OF SERVICE PROVIDER 01 <input checked="" type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph Examiner 06 <input type="checkbox"/> Document Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical Expert 15 <input type="checkbox"/> Voice/Audio Analysis 16 <input type="checkbox"/> Hair/Fiber Expert 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) 18 <input type="checkbox"/> Paralegal Services 19 <input type="checkbox"/> Legal Analyst/Consultant 20 <input type="checkbox"/> Jury Consultant 21 <input type="checkbox"/> Mitigation Specialist 22 <input type="checkbox"/> Duplication Services (See Instructions) 23 <input type="checkbox"/> Other (specify) _____	
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Repayment or partial repayment ordered from the person represented for this service as time of authorization: <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS <u>Paul Smerechniak</u> <u>2701 N. Ocean Blvd. Suite 16D</u> <u>Ft. Lauderdale, FL 33308</u> TIN: _____ Telephone Number: <u>954-741-6854</u> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOT. AMT APPROVED/CERTIFIED	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interests of justice the court finds that timely procurement of these necessary services could not await prior authorization. Even though the cost (excluding expenses) exceeds \$300. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(c)(3) Signature of Chief Judge, Court of Appeals or Delegate(s) _____ Date _____ Judge Code _____					